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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: Florida B	usiness Coun:	sel. P.A.			
	R: PI3ØØØØ 7					
	Amendment and fee are su	·				
Please return all correspo	ondence concerning this ma	tter to the following:				
F	Robert Fast					
-		Name of Contact Person	1			
Firm/ Company 6278 N. Federal Hwy. #237						
	ort Lauderdal	Address				
		City/ State and Zip Cod	e			
rfas	t@floridabc.co	om sed for future annual report	1. (2.15 - 21 - 1)			
	E-mail address: (to be us	sed for future annual report	notification)			
For further information c	oncerning this matter, pleas	se call:				
Robert Fast		at (954	, 324-7529			
Name of	Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for t	he following amount made	payable to the Florida Depa	irtment of State:			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation of



Florida Business Counsel, P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

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1	7	1.3	1)(H I	()/	46	14

(Document Number of Corporation (if known)

iment(s) to

he Fast Law Group, P.A ne must be distinguishable and contain the orp.," "Inc.," or Co.," or the designation	e word "corporation," "Corp," "Inc," or "Co".	. A professio		
d "chartered," "professional association," o	or the abbreviation "P.A.	*1		
Enter new principal office address, if applincipal office address MUST BE A STREET				
	_			
	-	·		· · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:				
	CE BOX)			
(Mailing address MAY BE A POST OFFIC	<u>re Box</u>)			
	<u>E BOX</u>)			
(Mailing address <u>MAY BE A POST OFFIC</u>		Fl. 11.		
	egistered office address	in Florida, en	ter the name	e of the
(Mailing address MAY BE A POST OFFIC If amending the registered agent and/or renew registered agent and/or the new registered.)	egistered office address i tered office address:			e of the
(Mailing address MAY BE A POST OFFIC	egistered office address i tered office address:			e of the
(Mailing address MAY BE A POST OFFIC If amending the registered agent and/or renew registered agent and/or the new registered.)	egistered office address i tered office address:			<u>e of the</u>
(Mailing address MAY BE A POST OFFIC If amending the registered agent and/or renew registered agent and/or the new registered.)	egistered office address i tered office address: (Florida street ad			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Mike Jones, V as Remove Example:	, and Sal	ly Smith, SV as an Add.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

	SEC	i''ILI RETARY	ET) OF STATE	
The date of each amendment(s) adoption:date this document was signed.	DIVISIO	DA DE CO	PRPORATIONS	, if other than the
date this document was signed.	1/.	IN 20	PM 1:57	
Effective date if applicable:			FN 1.31	-
(no more the	in 90 days after amendment f	tile date)		
Adoption of Amendment(s) (CHECK ONE)				
The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes cast for	the amer	ndment(s)	
The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled				
"The number of votes cast for the amendment(s) was	• • • • • • • • • • • • • • • • • • • •			
by	······································	••		
(voting group)				
The amendment(s) was/were adopted by the board of direct action was not required.	tors without shareholder actic	on and sh	areholder	
The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action an	nd shareho	older	
Dated6/18/14				
Signature				
(By a director, president or other	officer - if directors or office	rs have n	ot been	-
selected, by an incorporator – if i		stee, or ot	her court	
appointed fiduciary by that fiduci	ary)			
ROBERT	FAST			
(Typed	or printed name of person sig	gning)		-
CE	0			_
	(Title of person signing)			-